

**United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733**

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
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State: OK County: OSAGE Inventory Number: OS5667000
Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2017	0-85	85	2400			0
Feb 2017	0-85	85	2240			0
Mar 2017	0-85	85	2480			0
Apr 2017	0-85	85	2400			0
May 2017	0-85	85	2480			0
Jun 2017	0-85	85	2400			0
Jul 2017	0-85	85	2480			0
Aug 2017	0-85	85	2480			0
Sep 2017	0-85	85	2400			0
Oct 2017	0-85	85	2480			0
Nov 2017	0-85	85	2400			0
Dec 2017	0-85	85	2480			0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: Michael Vaughn, CFO	Signature: <i>Michael N Vaughn</i>	Date Signed: 1-10-2018
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Via Postal mail
01/16/18

Entd DIMS
XL

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
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State: OK County: OSAGE Inventory Number: OS5667000
 Qtr Section: (b) (9)

Well Activity **Type of Permit** **Lease Name** **Well Number**
 Disposal Individual _____ 65
 No. of Wells: 1 Area _____ (b) (9) _____

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2016	vacuum		2480		0	0
Feb 2016	vacuum		2320		0	0
Mar 2016	vacuum		2480		0	0
Apr 2016	vacuum		2480		0	0
May 2016	vacuum		2480		0	0
Jun 2016	vacuum		2480		0	0
Jul 2016	vacuum		2480		0	0
Aug 2016	vacuum		2480		0	0
Sep 2016	vacuum		2480		0	0
Oct 2016	vacuum		2480		0	0
Nov 2016	vacuum		2400		0	0
Dec 2016	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
Cheryl Arthur, Land Secretary	<i>Cheryl Arthur</i>	1-10-2017

Entered

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 2/22/2016 12:30:00 PM Duration: 0.2
Operator Representative: CRAIG HORINE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: KWB Oil Property Mgt Inc Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 East 5Th St - Ste 1100 Well Name/No.: (b) (9) Status: _____
Tulsa, Ok 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: KWB Oil Property Mgt Inc
Inspect No.: iJAY1606131784 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

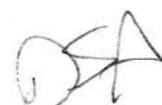
Date Last MIT: 1/23/2015 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-19</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL, S. WTR. PUMP @ LOCATION.

Evaluation: Name:  Date: 3-28-16

Inspection Results: 1 Follow-up: A Reason: Sec

Violation Code: none Frequency: nr Received Date: 3/7/2016

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROPERTY MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OK County: OSAGE Inventory Number: OS5667000
 Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2015	vacuum	2240			0	0
Feb 2015	vacuum	2240			0	0
Mar 2015	vacuum	2480			0	0
Apr 2015	vacuum	2480			0	0
May 2015	vacuum	2480			0	0
Jun 2015	vacuum	2400			0	0
Jul 2015	vacuum	2480			0	0
Aug 2015	vacuum	2480			0	0
Sep 2015	vacuum	2480			0	0
Oct 2015	vacuum	2430			0	0
Nov 2015	vacuum	2480			0	0
Dec 2015	vacuum	2480			0	0

CERTIFICATION

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Cheryl Arthur, Land secretary *Cheryl Arthur* 1-13-2016

Name and Official Title:	Signature:	Date Signed:
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Entered

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity **Type of Permit** **Lease Name** **Well Number**
 Disposal Individual (b) (9) 65
 No. of Wells: 1 Area

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2014	Vacuum		2240		0	0
Feb 2014	Vacuum		2240		0	0
Mar 2014	Vacuum		2400		0	0
Apr 2014	Vacuum		2400		0	0
May 2014	Vacuum		2480		0	0
Jun 2014	Vacuum		2480		0	0
Jul 2014	Vacuum		2480		0	0
Aug 2014	Vacuum		2480		0	0
Sep 2014	Vacuum		2480		0	0
Oct 2014	Vacuum		2480		0	0
Nov 2014	Vacuum		2480		0	0
Dec 2014	Vacuum		2480		0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: Cheryl Arthur - Land Secretary **Signature:** *Cheryl Arthur* **Date Signed:** 1-19-2015

Entered

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Test Date: 01/23/2015 Test Time: 1:00 PM
Operator Representative: CRIAG HORINE Date Report Sent to Operator: _____

General Well Data

Operator: KWB Oil Property Mgt Inc - 9 Inventory Number: OS5667
20 East 5Th St - Ste 1100 API Well No.: 35-113-41528-00-00
Tulsa, Ok 74103 Well Name/No.: (b) (9)
Location: (b) (9)
Phone: (918) 583-8300 Field name: _____
Injection Interval: 1813 - 2301 USDW Bot: _____ Well Type: SWD
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 1802 Casing: 5.500 in. Tubing: ##### in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: Post Workover Test
Inj. Status: N Inj. Rate: _____ bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	Flowback Pressure	Volume
Pre-Test:		<u>0</u>		<u>0</u> psi	High: <u>200</u> psi	
Initial:	<u>1:00 PM</u>	<u>0</u>		<u>200</u> psi	Mid: <u>100</u> psi	<u>2750</u> ml
Mid:	<u>1:15 PM</u>	<u>0</u>		<u>200</u> psi	Low: <u>20</u> psi	<u>1750</u> ml
Final:	<u>1:30 PM</u>	<u>0</u>		<u>200</u> psi	End: <u>0</u> psi	<u>500</u> ml
					Total Volume:	<u>5000</u> ml

Casing/Tubing Annulus Monitoring

Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: Acceptable
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 02/03/2015

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

R&R TBG. LEAK/ 1 JT.

Received Date: 3/4/2015

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 1/23/2015 1:00:00 PM Duration: 1.0
Operator Representative: CRAIG HORINE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: KWB Oil Property Mgt Inc Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 East 5Th St - Ste 1100 Well Name/No.: (b) (9) Status: _____
Tulsa, Ok 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: KWB Oil Property Mgt Inc
Inspect No.: iJAY1503339911 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 1/23/2015 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>0</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	<u>0</u>	Max Rate: <u>10000</u>
How Determined?:	_____	<u>O</u>	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: DSA Date: 3-3-15
Inspection Results: 1 Follow-up: A Reason: See
Violation Code: None Frequency: NA Received Date: 2/17/2015

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
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State: OK **County:** OSAGE **Inventory Number:** OS5667000
Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2013	vacuum		2480		0	0
Feb 2013	vacuum		2440		0	0
Mar 2013	vacuum		2480		0	0
Apr 2013	vacuum		2480		0	0
May 2013	vacuum		2480		0	0
Jun 2013	vacuum		2400		0	0
Jul 2013	vacuum		2480		0	0
Aug 2013	vacuum		2480		0	0
Sep 2013	vacuum		2400		0	0
Oct 2013	vacuum		2480		0	0
Nov 2013	vacuum		2480		0	0
Dec 2013	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
Cheryl Arthur- Land Secretary	<i>Cheryl Arthur</i>	1-16-2014

Entered

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Test Date: 10/04/2013 Test Time: 11:00 AM
Operator Representative: CRAIG HORRINE Date Report Sent to Operator: _____

General Well Data

Operator: Kwb Oil Property Mgt Inc - 9 Inventory Number: OS5667
20 East 5Th St - Ste 1100 API Well No.: 35-113-41528-00-00
Tulsa, Ok 74103 Well Name/No.: (b) (9)
Location: (b) (9)
Phone: (918) 583-8300 Field name: _____
Injection Interval: 1813 - 2301 USDW Bot: _____ Well Type: SWD
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 1802 Casing: 5.500 in. Tubing: ##### in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: 5-year Test
Inj. Status: N Inj. Rate: _____ bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	Flowback Pressure	Volume
Pre-Test:		<u>0</u>		<u>0</u> psi	High: <u>220</u> psi	
Initial:	<u>11:00 AM</u>	<u>0</u>		<u>220</u> psi	Mid: <u>100</u> psi	<u>2750</u> ml
Mid:	<u>11:15 AM</u>	<u>0</u>		<u>220</u> psi	Low: <u>20</u> psi	<u>1750</u> ml
Final:	<u>11:30 AM</u>	<u>0</u>		<u>220</u> psi	End: <u>0</u> psi	<u>500</u> ml
					Total Volume:	<u>5000</u> ml

Casing/Tubing Annulus Monitoring

Device: _____
Fluid Level: _____ Annulus Prs: _____ psi
Test Result: Acceptable
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 10/22/2013

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

Received Date: 10/25/2013

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 10/4/2013 11:00:00 AM Duration: 0.8
Operator Representative: CRAIG HORRINE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Kwb Oil Property Mgt Inc Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 East 5Th St - Ste 1100 Well Name/No.: (b) (9) Status: _____
Tulsa, Ok 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: Kwb Oil Property Mgt Inc
Inspect No.: iJAY1328049733 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/4/2013 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>0</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	<u>0</u>	Max Rate: <u>10000</u>
How Determined?:	_____	<u>O</u>	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: David Agnew Date: 10/31/13

Inspection Results: 1 Follow-up: A Reason: Sec

Violation Code: None Frequency: NR

Received Date: 10/17/2013

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2012	vacuum		2500		0	0
Feb 2012	vacuum		2320		0	0
Mar 2012	vacuum		2480		0	0
Apr 2012	vacuum		2480		0	0
May 2012	vacuum		2480		0	0
Jun 2012	vacuum		2400		0	0
Jul 2012	vacuum		2480		0	0
Aug 2012	vacuum		2480		0	0
Sep 2012	vacuum		2480		0	0
Oct 2012	vacuum		2480		0	0
Nov 2012	vacuum		2480		0	0
Dec 2012	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
Cheryl Arthur, Land secretary	<i>Cheryl Arthur</i>	1-23-2013

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 12/29/2011 12:30:00 PM Duration: 0.3
Operator Representative: NONE. Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Kwb Oil Property Mgt Inc Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 East 5Th St - Ste 1100 Well Name/No.: (b) (9) Status: _____
Tulsa, Ok 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: Kwb Oil Property Mgt Inc
Inspect No.: iJAY1200336474 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/24/2008 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-14</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.

Evaluation: Name: *Dao A...* Date: 2-1-12
Inspection Results: 1 Follow-up: A Reason: Sec
Violation Code: none Frequency: NR Received Date: 1/17/2012

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

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Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100
TULSA OK 74103

Owner: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100
TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2011	vacuum		2480		0	0
Feb 2011	vacuum		2240		0	0
Mar 2011	vacuum		2400		0	0
Apr 2011	vacuum		2400		0	0
May 2011	vacuum		2480		0	0
Jun 2011	vacuum		2480		0	0
Jul 2011	vacuum		2480		0	0
Aug 2011	vacuum		2480		0	0
Sep 2011	vacuum		2480		0	0
Oct 2011	vacuum		2480		0	0
Nov 2011	vacuum		2480		0	0
Dec 2011	vacuum		2480		0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:

Cheryl Arthur
Land secretary

Signature:

Cheryl Arthur

Date Signed:

1-12-2012

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
Disposal 1	<input type="checkbox"/> Individual		65
No. of Wells: 1	<input checked="" type="checkbox"/> Area	(b) (9)	

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2010	vacuum		2480		0	0
Feb 2010	vacuum		2480		0	0
Mar 2010	vacuum		2480		0	0
Apr 2010	vacuum		2400		0	0
May 2010	vacuum		2480		0	0
Jun 2010	vacuum		2400		0	0
Jul 2010	vacuum		2480		0	0
Aug 2010	vacuum		2480		0	0
Sep 2010	vacuum		2480		0	0
Oct 2010	vacuum		2480		0	0
Nov 2010	vacuum		2400		0	0
Dec 2010	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title: Cheryl Arthur Land Secretary	Signature: 	Date Signed: 1-25-2011
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United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
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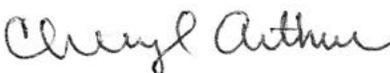
State: OK County: OSAGE Inventory Number: OS5667000
 Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
Disposal	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u> 1 </u>	<input checked="" type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2009	vacuum		2480		0	0
Feb 2009	vacuum		2240		0	0
Mar 2009	vacuum		2480		0	0
Apr 2009	vacuum		2400		0	0
May 2009	vacuum		2480		0	0
Jun 2009	vacuum		2400		0	0
Jul 2009	vacuum		2480		0	0
Aug 2009	vacuum		2480		0	0
Sep 2009	vacuum		2480		0	0
Oct 2009	vacuum		2480		0	0
Nov 2009	vacuum		2400		0	0
Dec 2009	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title: Cheryl Arthur Land Secretary	Signature: 	Date Signed: 1-18-2010
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United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity

Type of Permit

Lease Name

Well Number

Disposal

Individual

65

No. of Wells: 1

Area

(b) (9)

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2008	vacuum		2480		0	0
Feb 2008	vacuum		2320		0	0
Mar 2008	vacuum		2480		0	0
Apr 2008	vacuum		2400		0	0
May 2008	vacuum		2480		0	0
Jun 2008	vacuum		2480		0	0
Jul 2008	vacuum		2480		0	0
Aug 2008	vacuum		2480		0	0
Sep 2008	vacuum		2400		0	0
Oct 2008	vacuum		2480		0	0
Nov 2008	vacuum		2480		0	0
Dec 2008	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:

Signature:

Date Signed:

Cheryl Arthur
 Land Secretary

Cheryl Arthur

1-9-09

75

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test Osage Nation / Environmental Protection Agency P.O. Box 1495 Pawhuska, OK 74056

Inspector: Henry Lookout Test Date: 10/24/2008 Test Time: 10:00 AM
Operator Representative: Craig Hokins Date Report Sent to Operator: _____

General Well Data

Operator: Kwb Oil Property Mgt Inc - 9 Inventory Number: OS5667
20 East 5Th St - Ste 1100 API Well No.: 35-113-41528-00-00
Tulsa, Ok 74103 Well Name/No.: (b) (9)
Location: _____
Phone: (918) 583-8300 Field name: _____
Injection Interval: 1813 - 2301 USDW Bot: _____ Well Type: SWD
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 1775 Casing: 5.500 in. Tubing: 2.375 in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: 5-year Test
Inj. Status: Y Inj. Rate: 100 bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		<u>-20</u>		<u>0</u> psi
Initial:	<u>10:50 AM</u>	<u>-20</u>		<u>200</u> psi
Mid:	<u>11:05 AM</u>	<u>-20</u>		<u>200</u> psi
Final:	<u>11:20 AM</u>	<u>-20</u>		<u>200</u> psi

	Flowback Pressure	Volume
High:	<u>200</u> psi	
Mid:	<u>150</u> psi	<u>1000</u> ml
Low:	<u>50</u> psi	<u>2000</u> ml
End:	<u>0</u> psi	<u>1250</u> ml
Total Volume:		<u>4250</u> ml

Casing/Tubing Annulus Monitoring

Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: Acceptable
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 12/01/2008

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

Lease active, flowline hooked and taking fluid during test.
Flowback was oil. No work overs.

Received Date: 12/9/2008

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: Henry Lookout Dt/Tm Inspected: 10/24/2008 10:00:00 AM Duration: 1.0
Operator Representative: Criag Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Kwb Oil Property Mgt Inc Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 East 5Th St - Ste 1100 Well Name/No.: (b) (9) Status: _____
Tulsa, Ok 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: Kwb Oil Property Mgt Inc
Inspect No.: iHPL0830936006 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/24/2008 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: N
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-20</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	<u>100</u>	_____	How Rate Determined? <u>CI</u>

Comments

Lease active, flowline hooked up and injecting at -20 vac in 23/8 tbg. 0 pressure on 51/2 csg. Well held pressure during MIT.

Evaluation: Name: [Signature] Date: 11/10/08

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NL Received Date: 11/5/2008

U.S. States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity

Type of Permit

Lease Name

Well Number

Disposal

Individual

65

No. of Wells: 1

Area

(b) (9)

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2007	Vacuum		2480		0	0
Feb 2007	Vacuum		2240		0	0
Mar 2007	Vacuum		2480		0	0
Apr 2007	Vacuum		2400		0	0
May 2007	Vacuum		2480		0	0
Jun 2007	Vacuum		2480		0	0
Jul 2007	Vacuum		2480		0	0
Aug 2007	Vacuum		2480		0	0
Sep 2007	Vacuum		2400		0	0
Oct 2007	Vacuum		2480		0	0
Nov 2007	Vacuum		2480		0	0
Dec 2007	Vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:

Signature:

Date Signed:

Cheryl Arthur
Land Secretary

Cheryl Arthur

1-15-08

DS

United States Environmental Protection Agency
 Ground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

(29)

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity **Type of Permit** **Lease Name** **Well Number**
 DISPOSAL Individual (b) (9) 65
 No. of Wells: 1 Area

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2006	vacuum		2480		0	0
Feb	2006	vacuum		2240		0	0
Mar	2006	vacuum		2480		0	0
Apr	2006	vacuum		2400		0	0
May	2006	vacuum		2480		0	0
Jun	2006	vacuum		2400		0	0
Jul	2006	vacuum		2480		0	0
Aug	2006	vacuum		2480		0	0
Sep	2006	vacuum		2480		0	0
Oct	2006	vacuum		2480		0	0
Nov	2006	vacuum		2480		0	0
Dec	2006	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:

Signature:

Date Signed:

Cheryl Arthur
 Land Secretary

Cheryl Arthur

3/7/07

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100-1170 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100-1170 TULSA OK 74103
---	--

State: OK County: OSAGE Inventory Number: OS5667000
 Qtr Section: (b) (9)

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
DISPOSAL	<input type="checkbox"/> Individual	Lot 73	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2005	Vacuum		2480		0	0
Feb	2005	Vacuum		2240		0	0
Mar	2005	Vacuum		2480		0	0
Apr	2005	Vacuum		2400		0	0
May	2005	Vacuum		2480		0	0
Jun	2005	Vacuum		2400		0	0
Jul	2005	Vacuum		2480		0	0
Aug	2005	Vacuum		2480		0	0
Sep	2005	Vacuum		2400		0	0
Oct	2005	Vacuum		2480		0	0
Nov	2005	Vacuum		2400		0	0
Dec	2005	Vacuum		2480		0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: Cheryl Arthur Land Secretary	Signature: 	Date Signed: 1/17/06
--	---	--------------------------------

1-25-06
HS

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 6/17/2005 10:10:00 AM Duration: 0.4
Operator Representative: NONE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: KWB OIL PROPERTY MGT INC Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 EAST 5TH ST - STE 1100 Well Name/No.: (b) (9) Status: _____
TULSA, OK 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: KWB OIL PROPERTY MGT INC
Inspect No.: iGJS0517301445 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/27/2003 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-25</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.

Evaluation: Name: Ronald J. [Signature] Date: 6/30/05
Inspection Results: 1 Follow-up: A Reason: See
Violation Code: None Frequency: NR Received Date: 6/27/2005

7/6/05 [Signature]

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OK County: OSAGE Inventory Number: OS5667000
 Qtr Section: (b) (9)

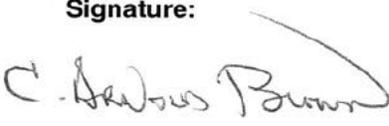
Well Activity **Type of Permit** **Lease Name** **Well Number**
 DISPOSAL Individual _____ 65
 No. of Wells: 1 Area (b) (9)

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2004	vacuum		2480		0	0
Feb	2004	vacuum		2320		0	0
Mar	2004	vacuum		2480		0	0
Apr	2004	vacuum		2400		0	0
May	2004	vacuum		2480		0	0
Jun	2004	vacuum		2400		0	0
Jul	2004	vacuum		2480		0	0
Aug	2004	vacuum		2480		0	0
Sep	2004	vacuum		2400		0	0
Oct	2004	vacuum		2480		0	0
Nov	2004	vacuum		2400		0	0
Dec	2004	vacuum		2480		0	0

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
C. Arnold Brown, President		1/19/05

FEB 4 2005

2-9-05
DS

Mechanical Integrity Test Results

SCAN CODE: 28

**Casing or Annulus Pressure Test
Osage Nation / Environmental Protection Agency
P.O. Box 1495
Pawhuska, OK 74056**

Inspector: Gary J. Scott Test Date: 10/27/2003 Test Time: 9:00 AM
Operator Representative: CRAIG HOKINS Date Report Sent to Operator: _____

General Well Data

Operator: KWB OIL PROPERTY MGT INC - 9 Inventory Number: OS5667
20 EAST 5TH ST - STE 1100 API Well No.: 35-113-41528-00-00
TULSA, OK 74103 Well Name/No.: (b) (9)
Location: _____
Phone: (918) 583-8300 Field name: _____
Injection Interval: 1813 - 2301 USDW Bot: _____ Well Type: SWD
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 1801 Casing: 5.500in. Tubing: 2.375 in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: 5-year Test
Inj. Status: N Inj. Rate: _____ bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		<u>0</u>		<u>0</u> psi
Initial:	<u>9:00 AM</u>	<u>0</u>		<u>210</u> psi
Mid:	<u>9:15 AM</u>	<u>0</u>		<u>210</u> psi
Final:	<u>9:30 AM</u>	<u>0</u>		<u>210</u> psi

	Flowback Pressure	Volume
High:	<u>210</u> psi	
Mid:	<u>100</u> psi	<u>2250</u> ml
Low:	<u>50</u> psi	<u>1000</u> ml
End:	<u>0</u> psi	<u>1000</u> ml
Total Volume:		<u>4250</u> ml

Casing/Tubing Annulus Monitoring

Device: _____
Fluid Level: _____ Annulus Prs: _____ psi
Test Result: Acceptable
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Kent W. Sanborn
Review Date: 11/07/2003

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

WELL WAS NOT TAKING FLUID DURING M.I.T.
FLOWBACK WAS SALTWATER.

MAR 05 2004

Received Date: 1/21/04

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103

State: OK **County:** OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2003	vacuum		2480		0	0
Feb	2003	vacuum		2400		0	0
Mar	2003	vacuum		2480		0	0
Apr	2003	vacuum		2400		0	0
May	2003	vacuum		2400		0	0
Jun	2003	vacuum		2400		0	0
Jul	2003	vacuum		2480		0	0
Aug	2003	vacuum		2480		0	0
Sep	2003	vacuum		2400		0	0
Oct	2003	vacuum		2480		0	0
Nov	2003	vacuum		2400		0	0
Dec	2003	vacuum		2480		0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
C. Arnold Brown, President	<i>C. Arnold Brown</i>	1-15-04

JAN 27 2004
RRA

1-22-04
DS

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 10/27/03 8:20:00 AM Duration: 0.5
Operator Representative: CRAIG HOKINS Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: KWB OIL PROPERTY MGT INC Inventory No.: OS5667 API Well No. 35-113-41528-00-00
20 EAST 5TH ST - STE 1100 Well Name/No.: (b) (9) Status: _____
TULSA, OK 74103 Location: (b) (9) Well Type: SWD
Phone: (918) 583-8300 Field Nm: _____ Lat/Lng: (b) (9)

ROUTINE W/MIT INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: KWB OIL PROPERTY MGT INC
Inspect No.: iGJS0330828758 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/27/03 Test Result: _____ Casing: 5.500 in. Tubing: 2.375 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>0</u>	<u>0</u>	Max Pressure: <u>496</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL CONNECTED TO INJECTION LINE.

Evaluation: Name: Russell [Signature] Date: 11/5/03
Inspection Results: 1 Follow-up: A Reason: See
Violation Code: None Frequency: NR Received Date: 11/5/03

NOV 20 2003

11/6/03

FEB 03 2003

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

MAY 07 2003
JP

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100
TULSA OK 74103

Owner: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100
TULSA OK 74103

State: OK County: OSAGE

Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2002	vacuum		2,480		0	0
Feb	2002	vacuum		2,240		0	0
Mar	2002	vacuum		2,480		0	0
Apr	2002	vacuum		2,400		0	0
May	2002	vacuum		2,480		0	0
Jun	2002	vacuum		2,400		0	0
Jul	2002	vacuum		2,480		0	0
Aug	2002	vacuum		2,480		0	0
Sep	2002	vacuum		2,400		0	0
Oct	2002	vacuum		2,480		0	0
Nov	2002	vacuum		2,400		0	0
Dec	2002	vacuum		2,480		0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:
C. Arnold Brown, President

Signature:
C. Arnold Brown

Date Signed:
1-29-03

4/23/03 ST

4-2-03
JP

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 5/23/02 3:00:00 PM Duration: 0.2
Operator Representative: NONE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: _____ Inventory No.: OS5667 API Well No.: 35-OU4-34589-00-0
Well Name/No.: _____ Status: _____
Location: -
Phone: _____ Field Name: _____ Well Type: _____

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: KWB OIL PROPERTY MGT INC
Inspect No.: iGJS0219129269 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: _____ Test Result: _____ Casing: _____ in. Tubing: _____ in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-20</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: <u>10,000</u>
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL CONNECTED TO INJECTION LINE WITH A 2" HIGH PRESSURE HOSE. ALL VALVES WERE OPEN.

Evaluation: Name: Russell J. Scott Date: 7/18/02

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NR

7/22/02

Received Date: 7/16/02

United States Environmental Protection Agency
 Underground Injection Control Program
 1445 Ross Avenue
 Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OK County: OSAGE Inventory Number: OS5667000

Qtr Section: (b) (9)

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
DISPOSAL	<input type="checkbox"/> Individual		65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area	<u>(b) (9)</u>	

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2001	vacuum	vacuum	2,635	0	0	0
Feb	2001	vacuum	vacuum	2,380	0	0	0
Mar	2001	vacuum	vacuum	2,635	0	0	0
Apr	2001	vacuum	vacuum	2,550	0	0	0
May	2001	vacuum	vacuum	2,635	0	0	0
Jun	2001	vacuum	vacuum	2,550	0	0	0
Jul	2001	vacuum	vacuum	2,635	0	0	0
Aug	2001	vacuum	vacuum	2,635	0	0	0
Sep	2001	vacuum	vacuum	2,550	0	0	0
Oct	2001	vacuum	vacuum	2,635	0	0	0
Nov	2001	vacuum	vacuum	2,550	0	0	0
Dec	2001	vacuum	vacuum	2,635	0	0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
Janet L Dye, Engineering Tech	<i>Janet L. Dye</i>	01/24/02

2-15-02
PS

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29

FEB 16 2001

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OK **County:** OSAGE **Inventory Number:** OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u> 1 </u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2000	vac	vac	2,480			
Feb	2000	"	"	2,320			
Mar	2000	"	"	2,480			
Apr	2000	"	"	2,400			
May	2000	"	"	2,480			
Jun	2000	"	"	2,400			
Jul	2000	"	"	2,480			
Aug	2000	"	"	2,480			
Sep	2000	"	"	2,400			
Oct	2000	"	"	2,480			
Nov	2000	"	"	2,400			
Dec	2000	"	"	2,480			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
Janet L Dye, Engineering Tech		02/14/01

4-11-01
DS

2000 - ANNUAL DISPOSAL / INJECTION WELL REPORT

LOT 73 #65

LOT 73	- Santa Fe	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1	12	12	12	12	12	12	12	12	12	12	12	12	12
2	12	12	12	12	12	12	12	12	12	12	12	12	12
3	12	12	12	12	12	12	12	12	12	12	12	12	12
4	12	12	12	12	12	12	12	12	12	12	12	12	12
5	12	12	12	12	12	12	12	12	12	12	12	12	12
6	12	12	12	12	12	12	12	12	12	12	12	12	12
7	12	12	12	12	12	12	12	12	12	12	12	12	12
8	12	12	12	12	12	12	12	12	12	12	12	12	12
9	12	12	12	12	12	12	12	12	12	12	12	12	12
10	12	12	12	12	12	12	12	12	12	12	12	12	12
11	12	12	12	12	12	12	12	12	12	12	12	12	12
12	12	12	12	12	12	12	12	12	12	12	12	12	12
13	12	12	12	12	12	12	12	12	12	12	12	12	12
14	12	12	12	12	12	12	12	12	12	12	12	12	12
15	12	12	12	12	12	12	12	12	12	12	12	12	12
16	12	12	12	12	12	12	12	12	12	12	12	12	12
17	12	12	12	12	12	12	12	12	12	12	12	12	12
18	12	12	12	12	12	12	12	12	12	12	12	12	12
19	12	12	12	12	12	12	12	12	12	12	12	12	12
20	12	12	12	12	12	12	12	12	12	12	12	12	12
21	12	12	12	12	12	12	12	12	12	12	12	12	12
22	12	12	12	12	12	12	12	12	12	12	12	12	12
23	12	12	12	12	12	12	12	12	12	12	12	12	12
24	12	12	12	12	12	12	12	12	12	12	12	12	12
25	12	12	12	12	12	12	12	12	12	12	12	12	12
26	12	12	12	12	12	12	12	12	12	12	12	12	12
27	12	12	12	12	12	12	12	12	12	12	12	12	12
28	12	12	12	12	12	12	12	12	12	12	12	12	12
29	12	12	12	12	12	12	12	12	12	12	12	12	12
30	12	12	12	12	12	12	12	12	12	12	12	12	12
31	12	12	12	12	12	12	12	12	12	12	12	12	12
MO TOTAL	372	348	372	372	360	372	360	372	372	360	372	360	372

GRAND TOTAL	2,480	2,320	2,480	2,480	2,400	2,480	2,400	2,480	2,480	2,400	2,480	2,400	2,480
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FEB 16 2001

NOTE: These figures came from the gauge sheets and the Well Tests.

2000 - ANNUAL DISPOSAL / INJECTION WELL REPORT

LOT 73 #65

LOT 73 - Sec 18	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1	22	22	22	22	22	22	22	22	22	22	22	22
2	22	22	22	22	22	22	22	22	22	22	22	22
3	22	22	22	22	22	22	22	22	22	22	22	22
4	22	22	22	22	22	22	22	22	22	22	22	22
5	22	22	22	22	22	22	22	22	22	22	22	22
6	22	22	22	22	22	22	22	22	22	22	22	22
7	22	22	22	22	22	22	22	22	22	22	22	22
8	22	22	22	22	22	22	22	22	22	22	22	22
9	22	22	22	22	22	22	22	22	22	22	22	22
10	22	22	22	22	22	22	22	22	22	22	22	22
11	22	22	22	22	22	22	22	22	22	22	22	22
12	22	22	22	22	22	22	22	22	22	22	22	22
13	22	22	22	22	22	22	22	22	22	22	22	22
14	22	22	22	22	22	22	22	22	22	22	22	22
15	22	22	22	22	22	22	22	22	22	22	22	22
16	22	22	22	22	22	22	22	22	22	22	22	22
17	22	22	22	22	22	22	22	22	22	22	22	22
18	22	22	22	22	22	22	22	22	22	22	22	22
19	22	22	22	22	22	22	22	22	22	22	22	22
20	22	22	22	22	22	22	22	22	22	22	22	22
21	22	22	22	22	22	22	22	22	22	22	22	22
22	22	22	22	22	22	22	22	22	22	22	22	22
23	22	22	22	22	22	22	22	22	22	22	22	22
24	22	22	22	22	22	22	22	22	22	22	22	22
25	22	22	22	22	22	22	22	22	22	22	22	22
26	22	22	22	22	22	22	22	22	22	22	22	22
27	22	22	22	22	22	22	22	22	22	22	22	22
28	22	22	22	22	22	22	22	22	22	22	22	22
29	22	22	22	22	22	22	22	22	22	22	22	22
30	22	22	22	22	22	22	22	22	22	22	22	22
31	22	22	22	22	22	22	22	22	22	22	22	22
MO TOTAL	682	638	682	660	682	660	682	682	660	682	660	682

FEB 16 2001

2000 - ANNUAL DISPOSAL / INJECTION WELL REPORT

LOT 73 #65

LOT 73 - Sec 17	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1	46	46	46	46	46	46	46	46	46	46	46	46
2	46	46	46	46	46	46	46	46	46	46	46	46
3	46	46	46	46	46	46	46	46	46	46	46	46
4	46	46	46	46	46	46	46	46	46	46	46	46
5	46	46	46	46	46	46	46	46	46	46	46	46
6	46	46	46	46	46	46	46	46	46	46	46	46
7	46	46	46	46	46	46	46	46	46	46	46	46
8	46	46	46	46	46	46	46	46	46	46	46	46
9	46	46	46	46	46	46	46	46	46	46	46	46
10	46	46	46	46	46	46	46	46	46	46	46	46
11	46	46	46	46	46	46	46	46	46	46	46	46
12	46	46	46	46	46	46	46	46	46	46	46	46
13	46	46	46	46	46	46	46	46	46	46	46	46
14	46	46	46	46	46	46	46	46	46	46	46	46
15	46	46	46	46	46	46	46	46	46	46	46	46
16	46	46	46	46	46	46	46	46	46	46	46	46
17	46	46	46	46	46	46	46	46	46	46	46	46
18	46	46	46	46	46	46	46	46	46	46	46	46
19	46	46	46	46	46	46	46	46	46	46	46	46
20	46	46	46	46	46	46	46	46	46	46	46	46
21	46	46	46	46	46	46	46	46	46	46	46	46
22	46	46	46	46	46	46	46	46	46	46	46	46
23	46	46	46	46	46	46	46	46	46	46	46	46
24	46	46	46	46	46	46	46	46	46	46	46	46
25	46	46	46	46	46	46	46	46	46	46	46	46
26	46	46	46	46	46	46	46	46	46	46	46	46
27	46	46	46	46	46	46	46	46	46	46	46	46
28	46	46	46	46	46	46	46	46	46	46	46	46
29	46	46	46	46	46	46	46	46	46	46	46	46
30	46	46	46	46	46	46	46	46	46	46	46	46
31	46	46	46	46	46	46	46	46	46	46	46	46
MO TOTAL	1,426	1,334	1,426	1,380	1,426	1,380	1,426	1,426	1,380	1,426	1,380	1,426

1,426 1,380 1,426 1,380 1,426 1,380 1,426 1,426 1,380 1,426 1,380 1,426 1,426

FEB 16 2001

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT

SCAN CODE: 30

UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

5667

Inspection Reason: ROUTINE Inventory No.: OS5667
Operator: Name: KWB OIL PROP MGT INC
Address: 20 EAST 5TH ST SUITE 1100
TULSA, OK 74103
Phone: (918) 583-8300
Company Contact: CHARLES ELLIS

WELL INFORMATION:

Well Name and Number: (b) (9)
Location: (b) (9)
Well Type: Disposal
Authorization: Permit Authorization to Inject Date: 9/20/93
Authorized: Pressure: 496 psi Rate 10000 BPM
Long-String Casing Diameter: 5.50 inches Tubing diameter 2.375 inches
Base of Underground Sources of Drinking Water: Feet Subsurface
Date of Latest MIT: 5/21/98 Latest MIT Results: Pass

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? YES Injecting? YES
Required Fittings: Tubing? YES Annulus? YES
Tubing Pressure: -25 psi; How Determined? U.I.C. GUAGE
Annulus Pressure: 0 psi; How Determined? OPENED
Injection Rate: bpd; How Determined?
Static Fluid Level:
Tubing: feet subsurface; How Determined?
Annulus: feet subsurface; How Determined?
Samples Taken? NO Photographs Taken? NO

Observations: WELL IS ACTIVE AND WAS TAKING FLUID AT TIME OF INSPECTION.
TUBING IS CONNECTED TO INJECTION LINE WITH A 2" HIGH PRESSURE
HOSE.
BIA required sign at well.

Inspection Date: 5/18/00 Time: Arrived: 8:35 A.M. Departed: 8:50 A.M.
Inspector: GARY SCOTT
Individual Contacted: NONE Title:

Evaluation: Name: Harold J. Young Date: 5/31/00
Inspection Results: 1 Follow-up: A Frequency: NR
Violation Code: None Reason: See
Enforcement Letter Recommended: No

5/31/00 Report Received Date: 5/30/00

OS
5667

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29
JAN 27 2000

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OK County: OSAGE Inventory Number: OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	1999	vac	vac	2,387			
Feb	1999	"	"	2,145			
Mar	1999	"	"	2,365			
Apr	1999	"	"	2,310			
May	1999	"	"	2,387			
Jun	1999	"	"	2,310			
Jul	1999	"	"	2,387			
Aug	1999	"	"	2,345			
Sep	1999	"	"	2,280			
Oct	1999	"	"	2,356			
Nov	1999	"	"	2,280			
Dec	1999	"	"	2,356			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: Charles A. Ellis, Engineer	Signature: <i>Charles A. Ellis</i>	Date Signed: 01/21/00
---	--	---------------------------------

3-15-00
25

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT

SCAN CODE: 30

UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

Inspection Reason: ROUTINE Inventory No.: OS5667
Operator: Name: KWB OIL PROP MGT INC
Address: 20 EAST 5TH ST SUITE 1100
TULSA, OK 74103
Phone: (918) 583-8300
Individual Contacted: _____ Title: _____

WELL INFORMATION:

Well Name and Number: (b) (9)
Location: (b) (9)
Well Type: Disposal
Authorization: Permit Authorization to Inject Date: 9/20/93
Authorized: Pressure: 496 psi Rate 10000 BPM
Long-String Casing Diameter: 5.50 inches Tubing diameter 2.375 inches
Base of Underground Sources of Drinking Water: _____ Feet Subsurface

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? YES Injecting? NO
Required Fittings: Tubing? YES Annulus? NO
Tubing Pressure: 0 psi; How Determined? OPENED
Annulus Pressure: N/A psi; How Determined? FROZEN VALVE
Injection Rate: _____ bpd; How Determined? _____
Static Fluid Level:
Tubing: _____ feet subsurface; How Determined? _____
Annulus: _____ feet subsurface; How Determined? _____
Samples Taken? NO Photographs Taken? NO

Observations: CSG. HEAD WITH TBG. CONNECTED TO INJECTION LINE.
BIA required sign at well.

Inspection Date: 5/19/99 Time: Arrived: 9:25AM Departed: 9:45AM

Inspector: BEVERLY LACRONE

Evaluation: Name: R Quance Date: 5-25-99
Inspection Results: 1 Follow-up: A Frequency: NR
Violation Code: None Reason: Sec
Enforcement Letter Recommended: Yes

6/2/99

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

JAN 21 1999

29

Annual Disposal/Injection Well Monitoring Report

Operator: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103	Owner: KWB OIL PROP MGT INC 20 EAST 5TH ST SUITE 1100 TULSA OK 74103
--	---

State: OS **County:** OSAGE **Inventory Number:** OS5667000

Qtr Section: (b) (9)

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	<input type="checkbox"/> Individual	(b) (9)	65
No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Area		

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	1998	vac	vac	3,100			
Feb	1998	"	"	2,800			
Mar	1998	"	"	2,725			
Apr	1998	"	"	2,520			
May	1998	"	"	2,553			
Jun	1998	"	"	2,430			
Jul	1998	"	"	2,511			
Aug	1998	"	"	2,511			
Sep	1998	"	"	2,430			
Oct	1998	"	"	2,511			
Nov	1998	"	"	2,430			
Dec	1998	"	"	2,511			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
Charles A. Ellis, Engineer	<i>Charles A. Ellis</i>	1-14-99

3-10-99
OS

9-20-93

Company: KWB OIL PROP MGT INC
 Address: 20 EAST 5TH ST SUITE 1100
TULSA, OK 74103
 Phone: (918) 583-8300
 Well Name/Number: 65
 Location: (b) (9)
 Well Type: Disposal
 Casing: 5.50 inches, Tubing: 2.38 inches
 Injection Interval: _____ feet
 Packer Depth: 1801.1 feet USDW: _____ feet

Mechanical Integrity Test Results	
Results:	<u>PASS</u>
Comments:	
<u>Kent Sanborn</u>	<u>5/26/98</u>
Engineer	Date

I. NO SIGNIFICANT FLUID MOVEMENT INTO USDW THROUGH CHANNELS ADJACENT TO THE WELLBORE

Technical Review: _____ How Determined: _____

II. NO SIGNIFICANT LEAK IN CASING, TUBING, OR PACKER

(A) TUBING-PACKER PRESSURE TEST

Injecting: No Pressure: _____ Tubing: VAC psi Casing: 0 psi

(B) CASING-TUBING ANNULUS PRESSURE TEST

Injection Rate: _____ bpd Time Since Annulus Filled: FULL
 Annulus Fluid Type: SW

Time	Tubing Pressure	Annulus Pressure	Flowback
<u>9:30AM</u>	<u>VAC</u> psi	<u>202</u> psi	High Pressure <u>232</u> psi
			Mid Pressure <u>100</u> psi Volume <u>2250</u> ml
	<u>VAC</u> psi	<u>190</u> psi	Low Pressure <u>50</u> psi Volume <u>875</u> ml
			End Pressure <u>0</u> psi Volume <u>1500</u> ml
			Total Volume <u>4625</u> ml

(C) ADA PRESSURE TEST

(Fluid Colum Height * Specific Gravity * .433/N2 Weight Factor = Required Test Pressure)

Tubing/Packer		Tubing/Casing Annulus	
Depth to Top Perf/Open Hole	_____ ft	Depth to Top Perf/Open Hole	_____ ft
Depth to Fluid Level	_____ ft	Depth to Fluid Level	_____ ft
Fluid Column Height	_____ ft	Fluid Column Height	_____ ft
Specific Gravity of Fluid	_____	Specific Gravity of Fluid	_____
Nitrogen Weight Factor	_____	Nitrogen Weight Factor	_____
Required Test Pressure	_____ psi	Required Test Pressure	_____ psi
Time	Pressure	Time	Pressure
_____	_____ psi	_____	_____ psi
_____	_____ psi	_____	_____ psi
_____	_____ psi	_____	_____ psi

(D) CASING-TUBING ANNULUS MONITORING

System: _____; Fluid level above wellhead: _____
 Annulus Pressure: _____ psi

III. REMARKS: REPRESSURED BACKSIDE FOR FLOWBACK. MIDDLE OF FLOWBACK HAD TO CHANGE OUT VALVE.

BIA required sign at well.

Date: 5/21/98 UIC Office Witness: Beverly Lacrone
 Company Representative: TED POPE

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT
UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

SCAN CODE: 30

Inspection Reason: ROUTINE Inventory No.: OS5667
Operator: Name: KWB OIL PROP MGT INC
Address: 20 EAST 5TH ST SUITE 1100
TULSA, OK 74103
Phone: (918) 583-8300
Individual Contacted: _____ Title: _____

WELL INFORMATION:

Well Name and Number: 65
Location: (b) (9)
Well Type: Disposal
Authorization: Permit Authorization to Inject Date: 9/20/93
Authorized: Pressure: 496 psi Rate 10000 BPM
Long-String Casing Diameter: 5.50 inches Tubing diameter 2.375 inches
Base of Underground Sources of Drinking Water: _____ Feet Subsurface

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? YES Injecting? YES
Required Fittings: Tubing? YES Annulus? YES
Tubing Pressure: N/A psi; How Determined? BROKEN VALVE
Annulus Pressure: N/A psi; How Determined? FROZEN VALVE
Injection Rate: _____ bpd; How Determined? _____
Static Fluid Level:
Tubing: _____ feet subsurface; How Determined? _____
Annulus: _____ feet subsurface; How Determined? _____
Samples Taken? NO Photographs Taken? NO

Observations: CSG.HEAD WITH TBG. CONNECTED TO INJECTION LINE.
BIA required sign at well.

Inspection Date: 5/1/98 Time: Arrived: 1:30PM Departed: 1:50PM

Inspector: BEVERLY LACRONE

They will get valves replaced,

Evaluation: Name: R Quance Date: 5-14-98
Inspection Results: 10 Follow-up: D Frequency: M
Violation Code: X Reason: COM.
Enforcement Letter Recommended: Yes ✓

5/19/98

United States Environmental Protection Agency
Washington, D.C. 20480
ANNUAL DISPOSAL / INJECTION WELL
MONITORING REPORT

Operator: KWB OIL PROP MGT INC Owner: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100 20 EAST 5TH ST SUITE 1100
TULSA OK 74103 TULSA OK 74103

State: OK County: OSAGE Inventory No: 5667
Qtr. Section: (b) (9)

Well Activity Type of Permit Lease Name Well Number
Brine Disposal Individual (b) (9) 65
No. of Wells: 1 Area

==== South Quadrant Reporting Form ====

Month Yr	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1997	vac	vac	3,410			
Feb 1997	"	"	3,080			
Mar 1997	"	"	3,438			
Apr 1997	"	"	3,346			
May 1997	"	"	3,426			
Jun 1997	"	"	3,368			
Jul 1997	"	"	3,243			
Aug 1997	"	"	3,410			
Sep 1997	"	"	3,300			
Oct 1997	"	"	3,410			
Nov 1997	"	"	3,322			
Dec 1997	"	"	3,410			

C E R T I F I C A T I O N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title Signature Date Signed
Charles A. Ellis, Engineer Charles A. Ellis 1-27-98

3/2/98

FEB 09 1998

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT

SCAN CODE: 30

UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

Inspection Reason: ROUTINE Inventory No.: OS5667
Operator: Name: KWB OIL PROP MGT INC
Address: 20 EAST 5TH ST SUITE 1100
TULSA, OK 74103
Individual Contacted: _____ Title: _____

WELL INFORMATION:

Well Name and Number: 65
Location: (b) (9)
Well Type: Disposal
Authorization: Permit Authorization to Inject Date: 9/20/93
Authorized: Pressure: 496 psi Rate: 10000 BPM
Long-String Casing Diameter: 5.50 inches Tubing Diameter: 2.375 inches
Base of Underground Sources of Drinking Water: _____ Feet Subsurface

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? YES Injecting? YES
Required Fittings: Tubing? YES Annulus? YES
Tubing Pressure: VAC psi; How Determined? UIC GAUGE
Annulus Pressure: * psi; How Determined? OPENED
Injection Rate: _____ bpd; How Determined? _____
Static Fluid Level:
Tubing: _____ feet subsurface; How Determined? _____
Annulus: _____ feet subsurface; How Determined? _____
Samples Taken? NO Photographs Taken? YES

Observations: ACTIVE WELL. WELLHEAD AND TBG CONNECTED TO SW LINE.
BACKSIDE HAD A TINY TRICKLE WHEN OPENED.

Inspection Date: 7/ 2/97 Time: Arrived: 1:00PM Departed: 1:25PM

Inspector: BEVERLY LACRONE

Evaluation: Name: R Quance Date: 7-21-97
Inspection Results: _____ Follow-Up: A Frequency: NR
Violation Code: None Reason: See



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

OS
2420
5667

December 30, 1996

REPLY TO: 6EN-WO

80457

KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100
TULSA OK 74103

Re: Annual Well Operation Report

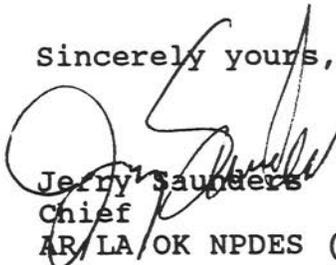
Dear Operator:

Underground Injection Control (UIC) regulations require you to submit an annual report of injection activities to the Environmental Protection Agency. A report is due for each well for which a form is enclosed. You may use either the enclosed form or any other format that includes the required information. Please submit the report to the **AR/LA/OK NPDES (UIC) Section (6EN-WO); Environmental Protection Agency; 1445 Ross Avenue; Dallas, Texas 75202** within 30 days of the date of this letter.

The UIC permit for a well may require you to provide information in addition to that shown on the enclosed form. Submit that information with your report on a separate sheet of paper. Please review the permit for each of your injection wells to be sure that you are reporting all information required.

Data reported must be accurate and supported by your records. Osage UIC regulations require you to keep copies of monitoring reports and supporting records for at least three years.

If you have questions, please contact Mr. Dale Selgrath at 214-665-8083.

Sincerely yours,

Jerry Saunders
Chief
AR/LA/OK NPDES (UIC) Section

Enclosures

United States Environmental Protection Agency
 Washington, D.C. 20480
 ANNUAL DISPOSAL/INJECTION WELL
 MONITORING REPORT

FEB 06 1997

Operator: KWB OIL PROP MGT INC Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103 TULSA OK 74103

29

State: OK County: OSAGE Inventory No: 5667
 Qtr. Section: (b) (9)

Well Activity Type of Permit Lease Name Well Number
 Erine Disposal Individual (b) (9) 65
 No. of Wells: 1 Area

Jan 2-4

==== South Quadrant Reporting Form ====

Month Yr	Injection Pressure		Total Volume Injected	Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	Min PSIG	Max PSIG
Jan 1996	vac	vac	4250		
Feb 1996	"	"	3620		
Mar 1996	"	"	3850		
Apr 1996	"	"	3900		
May 1996	"	"	3875		
Jun 1996	"	"	3910		
Jul 1996	"	"	4030		
Aug 1996	"	"	4185		
Sep 1996	"	"	4200		
Oct 1996	"	"	3875		
Nov 1996	"	"	3750		
Dec 1996	"	"	3710		

C E R T I F I C A T I O N

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Name and Official Title Signature Date Signed
 Ashley M. Houghton, Engineer *Ashley M. Houghton* 1-29-97

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT

UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

Inspection Reason: ROUTINE Inventory No.: OS5667
Operator: Name: KWB OIL PROP.
Address: 20 EAST 5th. ST., STE. 1100, TULSA, OK. 74103
Individual Contacted: FIELD OFC. Title: _____

WELL INFORMATION:

Well Name and Number: (b) (9)
Location: (b) (9)
Well Type: DISPOSAL
Authorization: PERMIT Authorization to Inject Date: 9/20/93
Authorized: Pressure: 0496 psi Rate: 10,000 BPM
Long-String Casing Diameter: 5.5 inches Tubing Diameter: 2.375 inches
Base of Underground Sources of Drinking Water: 0 Feet Subsurface

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? YES Injecting? YES
Required Fittings: Tubing? YES Annulus? YES
Tubing Pressure: 0 psi; How Determined? GAUGE.
Annulus Pressure: 0 psi; How Determined? GAUGE.
Injection Rate: ? bpd; How Determined? NOT AVAIL.
Static Fluid Level:
Tubing: _____ feet subsurface; How Determined? _____
Annulus: _____ feet subsurface; How Determined? _____
Samples Taken? NO Photographs Taken? NO

Am
6-4-94

Observations: ACTIVE WELL EQUIPPED FOR OPERATION. CSG. HEAD W/ TBG.
INJECTION LINE CONNECTED TO WELL.

Inspection Date: 5/30/96 Time: Arrived: 11:00AM Departed: 11:15AM

Inspector: Andrew Yates *M*

Evaluation: Name: R Quance Date: 6-3-96
Inspection Results: 1 Follow-Up: A Frequency: NR
Violation Code: None Reason: _____

DS

29

United States Environmental Protection Agency
 Washington, D.C. 20480
 ANNUAL DISPOSAL/INJECTION WELL
 MONITORING REPORT

Operator: KWB OIL PROP MGT INC Owner: KWB OIL PROP MGT INC
 20 EAST 5TH ST SUITE 1100 20 EAST 5TH ST SUITE 1100
 TULSA OK 74103 TULSA OK 74103

State: OK County: OSAGE Inventory No: 5667
 Qtr. Section: (b)(9)

Well Activity Type of Permit Lease Name Well Number
 Brine Disposal Individual (b)(9) 65
 No. of Wells: 1 Area

==== South Quadrant Reporting Form ====

Month Yr	Injection Pressure		Total Volume Injected	Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	Min PSIG	Max PSIG
Jan 1995	vac	vac	2344		
Feb 1995	"	"	2117		
Mar 1995	"	"	2344		
Apr 1995	"	"	2269		
May 1995	"	"	2341		
Jun 1995	"	"	2257		
Jul 1995	"	"	2332		
Aug 1995	"	"	2330		
Sep 1995	"	"	2256		
Oct 1995	"	"	2331		
Nov 1995	"	"	2257		
Dec 1995	"	"	2239		

RECEIVED
 MAR 18 1996
 6W-EA-(2)

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title Signature Date Signed
 Ashley M. Houghton, Engineer Ashley M. Houghton 3-15-96

29

United States Environmental Protection Agency
Washington, D.C. 20480
ANNUAL DISPOSAL / INJECTION WELL
MONITORING REPORT

Operator: KWB OIL PROP MGT INC Owner: KWB OIL PROP MGT INC
20 EAST 5TH ST SUITE 1100 20 EAST 5TH ST SUITE 1100
TULSA OK 74103 TULSA OK 74103

State: OK County: OSAGE Inventory No: 5667
Qtr. Section: (b) (9)

JHW
3-1-95

Well Activity Type of Permit Lease Name Well Number
Brine Disposal Individual (b) (9) 65
No. of wells: 1 Area

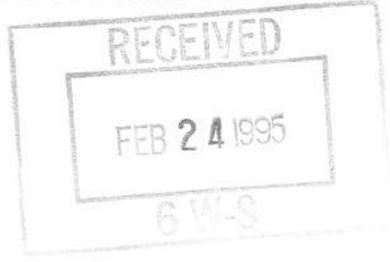
==== South Quadrant Reporting Form ====

Month Yr	Injection Pressure		Total Volume Injected	Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	Min PSIG	Max PSIG
Jan 1994	vac	vac	2480		
Feb 1994	"	"	2240		
Mar 1994	"	"	2510		
Apr 1994	"	"	2500		
May 1994	"	"	2615		
Jun 1994	"	"	2580		
Jul 1994	"	"	2625		
Aug 1994	"	"	2710		
Sep 1994	"	"	2605		
Oct 1994	"	"	2590		
Nov 1994	"	"	2620		
Dec 1994	"	"	2635		

C E R T I F I C A T I O N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title Signature Date Signed
Ashley M. Houghton, Engineer *Ashley M. Houghton* 2-20-95



ANNUAL FLUID LEVEL
MONITORING REPORT

Operator: KWB OIL PRDP MGT INC Owner: KWB OIL PRCP MGT INC
15 EAST 5TH ST SUITE 3300 15 EAST 5TH ST SUITE 3300
TULSA OK 74103 TULSA OK 74103

State: OK County: OSAGE Inventory No: 5667
Qtr. Section: (b) (9)

Well Activity Type of Permit Lease Name Well Number
.....
Brine Disposal Individual (b) (9) 65
No. of Wells: 1 Area USDW Feet: 0

==== South Quadrant Fluid Monitor Report Form ====

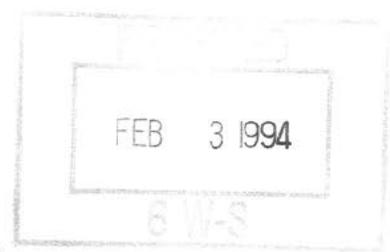
Jan 24-94

[Static Fluid Level (Feet Sub-Surface)]		
Month Yr	Tubing	Annulus
Jan 1993		
Feb 1993		
Mar 1993		
Apr 1993		
May 1993		
Jun 1993	Drilled	6-24-93
Jul 1993	Water injection began	on 7-19-93
Aug 1993	80 BWPD at 20+ points	vacuum
Sep 1993		
Oct 1993		
Nov 1993		
Dec 1993		

C E R T I F I C A T I O N

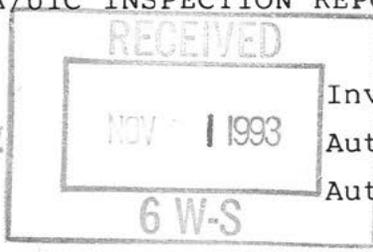
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title Signature Date Signed
Ashley M. Houghton, Engineer *Ashley M. Houghton* 1-26-94



A/UIC INSPECTION REPORT

1 A (WR) 30



Inspection Type Pcm Inventory No. 05 10 5667
Inspection Frequency monthly Authorization 09/03/93
Violation Code _____ Authorized to Inject 09/20/93

Company/Operator KWB Oil Property Management, Inc.
Business Address 3300 First National Tower Tulsa, OK 74103
Individual Contacted none Title _____

Lease Name & Well No. _____ (b) (9)

Legal Description _____ (b) (9)

Well Information: SWD/ER, Active/TA/P&A
Authorized Injection: Pressure 0 psig Rate 10,000 bpm
Long String Casing Size 5.5" Tubing Size 2.38"

Well No. 15

Report of Conditions as of this Date:
Lease: Active/Inactive Well hooked up for injection: Yes/No
Injecting at time of inspection: Yes/No
Required fittings on tubing and casing/tubing annulus: Yes/No/Not Applicable
Injection Pressure gravity; How Determined connections from SW Te.
Annular Pressure open valve; How Determined _____
Injection Rate ?; How Determined cool tubing
Well plugged at Surface: Yes/No/Undetermined
Samples Taken no Photographs Taken none

Description of wellhead hookup and injection facility:
Active well, tubing taking fluid on gravity.
Valve on annulus is open.

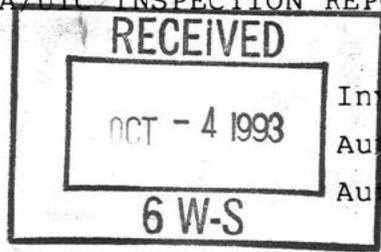
Weather Conditions and Observations clear, south winds at 8 mph.
62°F, adequate sig.

Inspection Date 10/25/93 Time Arrived 1730 Departed 1745
Field Inspector [Signature]
EPA Reviewer [Signature] Date 3 NOV 93

Amc
10-12-93

EPA/UIC INSPECTION REPORT

110-32
A(102) 30



Inspection Type Pcm Inventory No. DSIP 5667
Inspection Frequency monthly Authorization _____
Violation Code _____ Authorized to Inject 09/20/93

Company/Operator AWB O.I Property Management, Inc.
Business Address 3300 First National Tower Tulca, OK 74103
Individual Contacted Ted Pope Title _____

Lease Name & Well No. (b) (9)
Legal Description (b) (9)

Well Information: SWD/ER, Active/TA/P&A
Authorized Injection: Pressure 0 psig Rate 10,000 bpm
Long String Casing Size 5.5" Tubing Size 2.38"

Report of Conditions as of this Date:

Lease: Active/Inactive Well hooked up for injection: Yes/No
Injecting at time of inspection: Yes/No
Required fittings on tubing and casing/tubing annulus: Yes/No/Not Applicable
Injection Pressure vacuum; How Determined slightly open valve
Annular Pressure open valve; How Determined _____
Injection Rate ? cool tubing; How Determined _____
Well plugged at Surface: Yes/No/Undetermined
Samples Taken no Photographs Taken 12-10

Description of wellhead hookup and injection facility:
Active well, tubing taking cool fluid on a vacuum.
Annulus valve is open.

Weather Conditions and Observations clear, southwest winds at 14mph,
75°F, photo taken to the southwest, 35 mm 5300 MA
Kodak, ASA 100, time 4:00

Inspection Date 09/27/93 Time Arrived 1515 Departed 1615
Field Inspector [Signature]
EPA Reviewer [Signature] Date 12 OCT 93

WELL TYPE: (DISPOSAL/EOR)
WELL STATUS: (NEW/CONVERSION/EXISTING)

PERMIT # 1P5667
INVENTORY # 74103

MECHANICAL INTEGRITY TEST

COMPANY NAME KWB ADDRESS 3300 1st Nat'l Trw Tulsa OK

WELL NAME & NO. (b) (9); (b) (9)

LEGAL DESCRIPTION (b) (9)

MAXIMUM AUTHORIZED PRESSURE NA INJECTION INTERVAL 1813-2301 PACKER DEPTH 1801.65

I. DEMONSTRATED NO SIGNIFICANT FLUID MOVEMENT INTO USDW THROUGH ADJACENT WELL BORE CHANNELS:

(YES/NO) DATE: _____ REVIEWER: New Permit

II. NO SIGNIFICANT LEAK IN CASING, TUBING, OR PACKER:

(A) TUBING-PACKER PRESSURE TEST

WELL: (INJECTING/SHUT-IN) TIME SINCE: SHUT-IN OR INJECTION BEGAN _____ ANNULUS FILLED 1 week
PRESSURE: TUBING 80 CASING 80 LIQUID TYPE: INJECTION SW ANNULUS SW
ANNULAR FLUID FLOW: (YES/NO) TIME FOR FLOW TO STOP _____ ESTIMATED FLOW VOLUME _____ qt.

(B) CASING-TUBING ANNULUS PRESSURE TEST

TUBING PRESSURE _____ INJECTION RATE _____ BPD (DURING TEST OR BEFORE SHUT-IN)

TIME	TUBING PRESSURE	ANNULUS PRESSURE
0 MIN	<u>Open</u>	<u>200</u>
5 MIN	<u>↓</u>	<u>↓</u>
10 MIN	<u>↓</u>	<u>↓</u>
20 MIN	<u>↓</u>	<u>↓</u>
30 MIN	<u>↓</u>	<u>200</u>

CASING SIZE 5 1/2 TUBING SIZE 2 3/8" FLOW BACK VOLUME 1 gal SW

(C) ADA PRESSURE TEST

DEPTH TO TOP PERFORATIONS OR OPEN HOLE _____ DEPTH TO FLUID LEVEL _____
FLUID COLUMN HEIGHT _____ x SP.GR. _____ x .433 = _____ PSIG REQUIRED FOR TEST.

MAXIMUM PRESSURE REACHED _____
PRESSURE AFTER 5 MINUTES _____
PRESSURE AFTER 10 MINUTES _____
PRESSURE AFTER 20 MINUTES _____
PRESSURE AFTER 30 MINUTES _____

(D) MONTHLY CASING-TUBING MONITORING

SYSTEM (OPEN/CLOSED); FLUID LEVEL ABOVE GL _____ PRESSURE _____

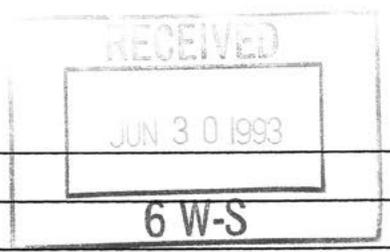
(E) TUBING PRESSURE/FLOW RATE MONITORING MONITORING SYSTEM ADEQUATE: (YES/NO)

FLOW RATE _____ BPD TUBING PRESSURE _____

(F) RADIOACTIVE TRACER SURVEY

DATA & INTERPRETATION SHOW: (LEAK/NO LEAK)
NATURE & DEPTH OF LEAK: _____

III. REMARKS _____



DATE 24 June 93 TEST WITNESSED BY: D. LaCione (EPA FIELD INSPECTOR) J. D. Doe (COMPANY REPRESENTATIVE)

IV. FROM THE KNOWLEDGE OBTAINED FROM THE ABOVE TESTS, IT IS MY OPINION THAT THIS WELL HAS MECHANICAL INTEGRITY: (YES/NO) (YES)

Kw Saubert EPA ENGINEER 6-24-93 DATE